

ADULT COMMUNITY CORRECTIONS DIVISION STANDARD OPERATING PROCEDURES

Procedure No.: ACCD 4.5.1500	Subject: OFFENDER HEALTH CARE ACCESS	
Reference: DOC 4.5.15; 53-1-203	, MCA	Page 1 of 2
Effective Date: 11/07/12		Revision Dates:
Signature / Title: /s/ Pam Bunke, A	ACCD Administrator	

I. DIVISION DIRECTIVE:

Adult Community Corrections Division's facilities will follow established procedures in providing offenders with access to medical, dental and mental health services and will ensure offenders are instructed upon admission of how to obtain these services.

II. DEFINITIONS:

ACCD-Adult Community Corrections Division Program/Facility – The Division includes the Adult Interstate Bureau, Missoula Assessment and Sanction Center (MASC), Treasure State Correctional Training Center (TSCTC), and the Probation & Parole Bureau which provides the following programs and facilities: Day Reporting Program (DRP), Intensive Supervision Programs (ISP), and Enhanced Supervision Program (ESP). Contract facilities include Prerelease Centers (PRC), Sanction Treatment Assessment Revocation & Transition (START), Warm Springs Addiction Treatment and Change Program (WATCh), Connections Corrections Program (CCP), Passages Alcohol and Drug Treatment (Passages ADT), Passages Assessment Sanction & Revocation Center (Passages ASRC), NEXUS Correctional Treatment Center (NEXUS), and Elkhorn Treatment Center (Elkhorn).

<u>Access to Care</u> – A system in which a patient is seen by a clinician in a timely manner, given an appropriate diagnosis, and receives the required care.

Department – The Montana Department of Corrections.

<u>Emergency Care</u> – Health care for an acute illness or an unexpected health need that cannot be deferred until the next scheduled sick call or clinic.

<u>Prerelease Facility Contract Manager</u> – The Department's employee who acts as the liaison for services and monitors the contractual agreements between the Department and prerelease centers: Alpha House PRC, Gallatin County Re-entry Program, Butte PRC, Great Falls Transition Center, Helena PRC, and Missoula PRC.

<u>Treatment Facility Contract Manager</u> – The Department's employee who acts as the liaison for services and monitors the contractual agreement between the Department and ACCD contracted treatment facilities: START, CCP, Passages, Elkhorn, NEXUS, and WATCh.

III. PROCEDURES:

Facilities will provide offenders with access to health care services including medical, psychiatric, dental, optometric, pharmaceutical, psychological and other medical-related services. These services must meet American Correctional Association and National Commission on Correctional Health

Procedure No.: 4.5.1500	Chapter: Facility/Program Services	Page 2 of 2	
Subject: OFFENDER HEALTH CARE ACCESS			

Care standards; federal, state and local laws and regulations; Department policies; and ACCD procedures.

A. GENERAL REQUIREMENTS

- 1. Facilities will avoid creating unreasonable barriers to offender access to care. Examples of these barriers may include, but are not limited to, the following:
 - a. punishing offenders for seeking care for health needs;
 - b. assessing excessive co-payments that prevent or deter offenders from seeking care for health needs; and
 - c. deterring offenders from seeking care for health needs through unreasonable practices not related to legitimate facility needs, e.g., holding sick call at 2:00 a.m.
- 2. Upon intake/admission, the facility will provide all medical information to the offender orally and in writing about how to access emergency and routine medical, dental, and mental health services, and the grievance process for health-related complaints.
- 3. Facilities must ensure that offenders who may have difficulty communicating (e.g., foreign speaking, developmentally disabled, illiterate, mentally ill, deaf) understand how to access health care services.
- 4. Facilities must publish or post in each housing unit, any procedural changes on how to obtain health care services prior to implementation.
- 5. Where applicable, facilities must update offender handbooks as necessary.
- 6. Alt-secure residential facilities must obtain prior written approval from the Health Services Bureau (HSB) of all scheduled inpatient hospitalization and surgery. Unapproved inpatient hospitalization and surgery costs will be the responsibility of the facility.
- 7. Emergency care may be provided without prior authorization, however, HSB and appropriate Contract Manager (Prerelease or Treatment Facility Contract Manager) will be contacted as soon as possible to furnish full information regarding the nature of the illness, the type of treatment to be provided, and the estimated length of treatment. HSB will review each case individually.

B. Requests for Health Care

- 1. Non-medical facility staff may not approve or deny offender requests for health care attention.
- 2. Facilities must establish procedures to ensure that all offender health care requests are forwarded to the nursing staff in a confidential manner.

IV. CLOSING:

Questions concerning this procedure should be directed to the Health Services Bureau Chief.